

MANUAL DE AUTOAYUDA PARA UNA TUTELA ESPECIAL DE LA PERSONA

Escrito por
San Diego Superior Court
&
Legal Aid Society of San Diego, Inc.

¿Para quién es este Manual?

Este manual no es para todas las personas. Está diseñado para los adultos que no tienen un abogado y quieren ser el tutor especial de un adulto con discapacidades del desarrollo.

También,

- El adulto con discapacidades del desarrollo debe vivir en San Diego
- El adulto con discapacidades del desarrollo no debe tener dinero o tener muy poco, sin patrimonio, o herencia.
- Este manual no es para usted si también necesita ser un tutor de los bienes de un adulto con discapacidades del desarrollo.

Este manual tiene información respecto a:

- Cómo llenar los formularios que necesita para convertirse en un tutor especial
- Sus derechos y responsabilidades como tutor especial

Si necesita ayuda, llame a San Diego County Bar Association Lawyer Referral & Information Service: 619-231-8585 para que le recomienden un abogado.

Direcciones de las Cortes

Downtown San Diego:

Probate Clerk's Office, 3rd floor
Madge Bradley Building
San Diego Probate Court
1409 4th Avenue, San Diego

North County Division:

Probate Clerk's Office
325 S. Melrose Drive
Vista, CA 92081

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Formularios e Instrucciones para Convertirse en un Tutor Especial

Esto es lo que necesita hacer:

Lea el manual adjunto, *Manual de Autoayuda para una Tutela Limitada de la Persona*. Este explica el proceso en la Corte y cómo llenar los formularios de la Corte.

1) Llene los formularios adjuntos.

- ☐ GC-310 – *Petición para el Nombramiento de un Tutor en “Probate” [Petition for Appointment of Probate Conservador]*
- ☐ GC-320 – *Citación para la Tutela [Citation for Conservatorship]*
- ☐ GC-020 – *Notificación de Audiencia [Notice of Hearing]*
- ☐ GC-312 – *Información Confidencial Suplementaria [Confidential Supplemental Information]*
- ☐ GC-314 – *Formulario Confidencial para Seleccionar un Tutor [Confidential Conservador Screening Form]*
- ☐ GC-348 – *Deberes del Tutor [Duties of Conservador]*
- ☐ SDSC PR-20 – *Referencia para un Informe del Investigador [Referral for Investigator’s Report]*

Si no puede pagar la tarifa de registro en la Corte, llene estos formularios también:

- ☐ Formulario FW-001 – *Solicitud de Exención al Pago de Tarifas y Costas de la Corte [Application For Waiver of Court Fees and Costs]*
- ☐ Formulario FW-003 – *Orden respecto a la Solicitud de Exención al Pago de Tarifas y Costas de la Corte [Order on Application for Waiver of Court Fees and Costs]*

2) Haga tres (3) copias, perfore 2 agujeros en la parte superior de todos los formularios y registre los formularios en la Oficina del Secretario de la Corte de “Probate” [Probate Clerk’s Office]. Pague la tarifa de registro a menos que usted califique para una exención a la tarifa de registro por parte de la Corte.

3) Haga que alguien mayor de 18 años (a excepción de usted) envíe por correo una copia de GC-020 – *Notificación de Audiencia [Notice of Hearing]* y una copia de GC-310 – *Petición para el Nombramiento de un Tutor en “Probate” [Petition for Appointment of Probate Conservador]* a todos los parientes de la persona propuesta sujeta a la tutela hasta el segundo grado de parentesco (lea el Manual de Autoayuda, pagino 4 para mayor información). También haga que alguien mayor de 18 años (a excepción de usted) entregue personalmente una copia de GC-320 – *Citación para la Tutela [Citation for Conservatorship]* y una copia de GC-310 – *Petición para el Nombramiento de un Tutor en “Probate” [Petition for Appointment of Probate Conservador]* a la persona propuesta sujeta a la tutela (lea el Manual de Autoayuda, pagino 5, para mayor información). Luego copie y registre la notificación y citación con la prueba de entrega [proof of service] completa al reverso por la persona que hizo el envío por correo y la entrega de la citación.

4) Haga que el doctor de la persona propuesta sujeta a la tutela complete el formulario GC-335 – *Declaración de Capacidad – Tutela [Capacity Declaration – Guardianship]* y regístrelo en la Corte.

5) Esté preparado(a) para concertar reuniones con el investigador de la Corte, el abogado nombrado por la Corte y Regional Center.

6) Revise las Notas del Examinador de “Probate” en el Internet unos días antes de la audiencia (lea el Manual de Autoayuda)

7) Asista a la audiencia de la Corte y traiga a la audiencia a la persona propuesta sujeta a la tutela a menos que su doctor declare en el formulario GC-335 – *Declaración de Capacidad – Tutelaje* que ésta persona no tiene que asistir a la audiencia.

8) Si el juez lo(a) nombra como tutor(a), llene y registre los formularios GC-340 *Orden Nombrando un Tutor [Order Appointing Conservador]* y GC-350 *Cartas de Tutela [Letters of Conservatorship]*.

¿Qué es una Tutela Especial?

Hay varias clases de tutelas. Una clase particular de tutela se llama **tutela especial**. Se trata cuando un juez nombra a una persona responsable (llamada un tutor) para ayudar a una persona adulta con discapacidades del desarrollo (la persona que está bajo la tutela) que no puede proveer sus necesidades personales y financieras.

Hay dos clases de tutelas especiales:

1. **Una tutela especial de la persona** es un procedimiento de la corte en donde un tutor cuida y protege a una persona adulta discapacitado y satisface las necesidades diarias de esta persona.
2. **Una tutela especial de los bienes** es un procedimiento de la corte mediante el cual un tutor maneja los asuntos financieros de esta persona – por ejemplo, pagar las cuentas y cobrar los ingresos de la persona discapacitada si ésta tiene bienes.

¿Cómo sé si también necesito ser un tutor especial de los bienes?

Usted *no* necesita una tutela de los bienes si:

- Una persona adulta discapacitado que cuida recibe asistencia pública como Seguro de Ingreso Suplementario [Supplemental Security Income] (SSI) o Seguro Social (SSA) pero no tiene otros bienes, o
- Si una persona adulta discapacitado recibe un sueldo.

Pero, *necesita* una tutela de los bienes si una persona adulta discapacitado tiene otros bienes, tales como una herencia o un dinero recibido por la conciliación de una demanda que no esté en un fideicomiso para necesidades especiales.

Nota: Este manual trata únicamente sobre tutelas de la persona.

¿Cuándo se requiere una fianza?

Se requiere una fianza en la mayoría de las tutelas de los bienes para garantizar el desempeño apropiado de las obligaciones por parte del tutor de los bienes. Si a usted sólo lo nombran como tutor de la persona no necesita obtener una fianza a menos que la Corte lo requiera.

¿Quién decide si una persona adulta está discapacitado del desarrollo?

Una persona adulta que está discapacitado del desarrollo es alguien que tiene discapacidades severas y crónicas a causa de un impedimento mental o físico.

El Centro Regional [Regional Center] en su comunidad evaluará a la persona para quien se está proponiendo la tutela a fin de comprobar si ella/él tiene discapacidades del desarrollo. Si el Centro Regional aceptó a la persona como consumidor (o cliente) antes de que tuviera dieciocho años (18), entonces ella/él califica automáticamente como alguien con discapacidades del desarrollo. Pero, si la persona nunca ha sido examinada, o aceptada como un cliente del Centro Regional, ella/él debe ser examinada/o.

Si el Centro Regional cree que el individuo no califica como una persona con discapacidades del desarrollo y usted no está de acuerdo, puede apelar a la Junta del Área en su región (creada por la legislatura del estado para abogar por los derechos de los individuos con discapacidades del desarrollo).

¿Cuándo debería solicitar una tutela especial?

Si está tratando de establecer una tutela especial para alguien que va a cumplir 18 años de edad muy pronto, es una buena idea que empiece el proceso con más de tres meses de anticipación del 18avo cumpleaños de la persona discapacitada. Sin embargo, puede establecer una tutela especial en cualquier momento después de que la persona con discapacidades del desarrollo cumpla los 18 años.

¿Quién puede ser nombrado como tutor especial?

Cualquier adulto puede solicitar una tutela. Los tutores generalmente son los padres, hermanos, o hermanas, pero cualquier adulto responsable puede actuar como un tutor. Y, puede haber más de un tutor especial.

¡Lo que necesitan saber todos los tutores especiales!

¿Qué clase de decisiones puede tomar un tutor especial?

El deber de un tutor especial es ayudar a la persona sujeta a la tutela a *desarrollar al máximo su confianza en sí misma y que aprenda a ser independiente*. A causa de que los adultos discapacitados del desarrollo pueden generalmente hacer muchas cosas por cuenta propia, el juez sólo le dará al tutor especial poder para hacer las cosas que la persona sujeta a la tutela no puede hacer sin ayuda.

Después de la audiencia las “*Cartas de Tutela*” [“*Letters of Conservatorship*”] y la *Orden Nombrando un Tutor en ‘Probate’*” [“*Order Appointing Probate Conservator*”] del tutor enumerará las áreas exactas (poderes) en las cuales el tutor especial está autorizado a tomar acción.

¿Qué poderes puede pedir un Tutor Especial?

Un tutor especial puede pedir a la corte que le dé los 7 poderes siguientes:

1. Arreglar la residencia o lugar donde vive la persona sujeta a la tutela
2. Tener acceso a los archivos confidenciales o documentos de la persona sujeta a la tutela
3. Consentir o abstenerse de consentir a un matrimonio a nombre de la persona sujeta a la tutela
4. Hacer contratos a nombre de la persona sujeta a la tutela
5. Dar o negarse a dar consentimiento médico a nombre de la persona sujeta a la tutela
6. Seleccionar los contactos y relaciones sociales y sexuales de la persona sujeta a la tutela
7. Tomar decisiones para entrenamiento vocacional a la persona sujeta a la tutela

¿Cuáles son las responsabilidades de un Tutor Especial?

Como tutor especial de la persona, usted debe hacerse cargo de las siguientes necesidades de la persona sujeta a la tutela:

- Comida,
- Ropa,
- Albergue, y su
- Bienestar

Para mayor información refiérase a la *Guía para los Tutores*, publicada por el Consejo Judicial de California [Judicial Council of California] y disponible en la ventanilla de la Oficina del Secretario de “Probate” mediante el pago de una tarifa. La guía también está disponible en el internet:

<http://www.courtinfo.ca.gov/selfhelp/seniors/handbook.htm>

¿Cómo establezco una tutela especial?

--Guía paso a paso:

Establecer una tutela especial toma tiempo. Usted necesita llenar una serie de documentos (tales como la petición y los diferentes formularios relacionados con el proceso de tutela) y registrarlos (quiere decir que traiga los formularios en persona) al secretario de la Corte de “Probate”. Luego, necesita hacer los arreglos necesarios para notificar a los parientes de la persona que va a estar sujeta a la tutela, y que la citación sea entregada a esta persona. Luego debe presentarse en la audiencia, y si su petición es aprobada, registrar más documentos con el Secretario de “Probate”.

Qué necesita hacer:

Paso 1: Asegúrese de Tener los Formularios de la Corte.

Como parte del paquete de tutela usted debería tener los siguientes formularios:

El nombre del formulario y el número siempre están en el mismo lugar. El *número del formulario* está localizado en la esquina superior a mano derecha y también en la esquina inferior a mano izquierda.

El *nombre del formulario* está localizado en el centro de la parte inferior de la página y también en el “título” en la parte superior de la página.

- *Petición para el Nombramiento de un Tutor* [Petition for Appointment of Probate Conservator (GC-310)]
- *Referencia para un Informe del Investigador* [Referral for Investigator’s Report (SDSC PR-20)]
- *Notificación de Audiencia* [Notice of Hearing (GC-020)]
- *Citación para la Tutela* [Citation for Conservatorship (GC-320)]
- *Formulario Confidencial para la Evaluación del Tutor* [Confidential Conservator Screening Form (GC-314)]

- *Información Confidencial Suplementaria* [Confidential Supplemental Information (GC-312)]
- *Declaración sobre Capacidad-Tutela* [Capacity Declaration-Conservatorship (GC-335)]
- *Deberes del Tutor* [Duties of Conservator (GC-348)]
- *Orden Nombrando a un Tutor* [Order Appointing Conservator (GC-340)]
- *Cartas de Tutela* [Letters of Conservatorship (GC-350)]

Paso 2: Llene los Formularios.

La persona que llena los formularios se llama el **Peticionante**. La persona que quiere ser el propuesto tutor/a puede ser el/la mismo/a peticionante u otra persona.

En este paquete de tutela, encontrará los **“Formularios de Muestra”** los cuales tienen “Círculos de Ayuda” para guiarlo cuando llene el paquete de formularios en blanco.

Algunas veces las preguntas en estos formularios le piden más información, por ejemplo explicaciones, y que las escriba en una hoja por separado. Esto se conoce con el nombre de **Anexos [attachments]**. Si necesita agregar un Anexo, escriba la siguiente información en la parte superior de una hoja en blanco y adjúntela al formulario:

- ☐ Tutela de _____ (escriba el nombre de la persona para quien se propone la tutela)
- ☐ Número del Caso _____ (escriba el número del caso)
- ☐ _____ (Nombre del Formulario que requiere el Anexo, ej. “Petición para el Nombramiento de un Tutor en ‘Probate’”)
- ☐ Anexo # _____ (escriba el número que requiere el anexo)

Después de que usted haya completado todos los formularios, haga **3 copias** de todos los formularios.

Cosa con grapas todas las páginas de los formularios que tienen más de una página (ej., *Petición para el Nombramiento de un Tutor en 'Probate'* [*Petition for Appointment of Probate Conservator* (GC-310)] consiste de la página 1 a la 5 y quizás requiera de anexos)

Necesita **perforar dos agujeros** en la parte superior de todos los formularios.

Organice los formularios de acuerdo a lo siguiente: el formulario original (el firmado) encima y las 3 copias debajo del original. Repita esto con cada uno de los formularios: el original encima y las 3 copias debajo de éste.

Paso 3: Registre los Formularios.

Luego, registre los formularios en la oficina del Secretario de la Corte.

Downtown San Diego:
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Vista, CA 92081

El secretario le pedirá que pague las tarifas de la Corte. Guarde su recibo. Quizás lo necesite más tarde. Para saber la tarifa actual, visite el sitio de internet de la Corte de San Diego:

<http://www.sdcourt.ca.gov>

Si no puede pagar la tarifa de la Corte, llene lo siguiente:

- *Solicitud para la Exoneración de Honorarios de la Corte y Costas* [*Application for Waiver of Court Fees and Costs* (FW-001)], y
- *Orden Respecto a la Solicitud para la Exoneración de Tarifas de la Corte y Costas* [*Order on Application for Waiver of Court Fees and Costs* (FW-003)]

Paso 4: Consiga una Copia Cotejada

El secretario conservará los formularios originales y un juego de copias de los formularios y le devolverá una copia “cotejada” de los formularios. Una copia “cotejada” se refiere a una copia que ha sido sellada de la misma manera que el original. Esta copia será la prueba de que usted registró los formularios personalmente.

El secretario pondrá la fecha y la hora de la audiencia en la Notificación de Audiencia [*Notice of Hearing* (GC-020)]. Esta es la fecha en que el juez oír su caso.

Paso 5: Entrega de la Notificación y de la Citación

A) Dar Notificación

La ley dice que usted debe dar notificación a ciertos parientes de la persona para quien se propone la tutela y a ciertas agencias. Quiere decir que alguien mayor de 18 años— **a excepción de usted** — debe enviar por correo una copia de la *Notificación de Audiencia* [*Notice of Hearing* (GC-020)] y una copia de la *Petición para el Nombramiento de un Tutor en “Probate”* [*Petition for Appointment of Probate Conservator* (GC-310)] a estos individuos y agencias antes de la audiencia. De esta forma ellos sabrán que usted está pidiendo ser el tutor duna persona adulta con discapacidades del desarrollo y dónde y cuándo tendrá lugar el procedimiento de la Corte.

Debe hacer esto aún si cree que a ellos no les importa o pueden estar en desacuerdo con usted.

Debe hacer los arreglos necesarios para “dar notificación por correo” a los siguientes parientes de la persona para quien se propone la tutela y a ciertas agencias:

- Padres
- Hermanos y Hermanas
- Esposa
- Hijos
- Abuelos
- Nietos, y el

- Regional Center
- Veteran's Administration (si aplica)

Los parientes y "Veteran's Administration" deben recibir notificación por lo menos con 15 días de anticipación de la audiencia. Regional Center requiere 30 días de notificación.

¿Qué pasa si no sé en dónde están algunos o todos los parientes?

Trate de encontrar los parientes de la siguiente manera:

- Preguntando a todos los miembros de la familia y amigos que pudieran conocerlos, y
- Buscando en los directorios telefónicos y el Internet, y
- Llamando al servicio de información de teléfonos, y
- Poniéndose en contacto con la última dirección conocida, número de teléfono y empleador de ese pariente.

Si aún no puede encontrar al(a los) pariente(s), llene un formulario opcional llamado *Declaración de Diligencia Debida* [Due Diligence Declaration] enumerando todos los esfuerzos que hizo para encontrarlos y firme y póngale la fecha a la declaración bajo la penalidad de perjurio de acuerdo con las leyes de California.

¿Qué pasa si un pariente está fuera del estado o en otro país?

Usted aún necesita hacer los arreglos necesarios para que alguien –**a excepción de usted**– envíe por correo una copia de la *Notificación de Audiencia* [Notice of Hearing (GC-020)] y la *Petición para el Nombramiento de un Tutor en "Probate"* [Petition for Appointment of Probate Conservator (GC-310)] por lo menos 15 días antes de la audiencia de la Corte.

(B) Entrega de la Citación

La ley dice que usted debe hacer los arreglos necesarios para que alguien mayor de 18 años – **a excepción de usted**– "entregue la citación" a la persona para quien se está proponiendo la tutela. "Entregar la citación" significa que alguien en

persona debe entregar una copia de la *Citación* [Citation (GC-320)] y una copia de la *Petición para el Nombramiento de un Tutor en "Probate"* [Petition for Appointment of Probate Conservator (GC-310)] al adulto discapacitado. Debe asegurarse que la persona que entregue estos documentos provea una copia de la citación y no el original. Puede identificar el "original" por la firma del secretario de la corte en la página primera. Sólo hay un "original" de la citación, el cual necesita ser regresado a la corte con el formulario "Prueba de Entrega" ["Proof of Service"] con la información completa al reverso.

¿Quién puede entregar la Citación y Enviar la Notificación?

Pídale el favor a un(a) amigo(a) o a un pariente que tenga 18 años o más. O emplee a un oficial notificador profesional. Un "Oficial Notificador" ["Process Server"] es un negocio al cual usted le paga para entregar documentos de la Corte. Mire en las páginas Amarillas bajo "Process Serving." El Departamento del Alguacil [Sheriff's Department] también puede server como un oficial notificador.

¿Cómo llenar la Prueba de Entrega [Proof of Service]?

Ambos la *Notificación de Audiencia* [Notice of Hearing (GC-020)], y la *Citación* [Citation (GC-320)] tienen una Prueba de Entrega [Proof of Service] al reverso, la cual necesita ser llenada por el "notificador".

La persona que hace el envío por correo debe llenar la "**Prueba de Entrega por Correo**" ["**Proof of Service by Mail**"] al reverso de la *Notificación de Audiencia* [Notice of Hearing (GC-020)] después de que él/ella haya enviado una copia de la *Notificación de Audiencia* (GC-020) y una copia de la *Petición para el Nombramiento de un Tutor en "Probate"* [Petition for Appointment of Probate Conservator (GC-310)] a los parientes y al Regional Center. El notificador tiene que escribir la dirección de su residencia o negocio en el número 2., cómo se hizo el envío en el número 3, la fecha y lugar donde se hizo el envío en el número 4, marcar el número 5 declarando que ellos han entregado una copia de la petición y la fecha, imprimir su nombre

y firmar bajo la pena de perjurio que lo anteriormente mencionado es verdadero y correcto. También, el notificador tiene que escribir los nombres y direcciones de todas las personas a las cuales les envió por correo la notificación.

La persona que entrega la citación también debe llenar la “**Prueba de Entrega**” [“**Proof of Service**”] al reverso de la *Citación* [Citation] ORIGINAL (GC-320) después de que él/ella haya entregado la copia de la *Citación* (GC-320) y una copia de la *Petición para el Nombramiento de un Tutor en “Probate”* [Petition for Appointment of Probate Conservator (GC-310)] a la persona para quien se está proponiendo la tutela. El notificador tiene que llenar la información del número 2 al 5, poner la fecha, y firmar bajo la pena de perjurio que lo anteriormente mencionado es verdadero y correcto. **Nota:** usted puede identificar la citación “ORIGINAL” por la firma que el secretario de la corte ha puesto en la primera página. Sólo hay un “original” de la citación, el cual necesita ser devuelto a la Corte con la “Prueba de Entrega” [“Proof of Service”] con la información completa al reverso.

Luego, el peticionante debe copiar los formularios ya completos y registrarlos con la Corte. El secretario devolverá una copia “cotejada” al peticionante.

Paso 6: Investigación de la Corte

El investigador de la corte llamará a la casa o lugar de residencia en donde vive la persona sujeta a la tutela para fijar una cita y visitarlo(a).

La Corte quiere que el investigador escriba un informe para la Corte y haga las recomendaciones sobre su caso.

Paso 7: Abogado Nombrado por la Corte

La Corte también nombrará a un abogado para la persona propuesta sujeta a la tutela. El abogado también se reunirá con ésta persona para saber si una tutela es apropiada y registrará un informe al respecto.

Paso 8.: Declaración del Doctor

Usted necesita conseguir que el doctor de la persona para quien se propone la tutela llene y firme la *Declaración de Capacidad* [Capacity Declaration (Form GC-335)]. Asegúrese que el doctor llene todo el formulario, firme y ponga la fecha en la primera y tercera página y también sus iniciales en la tercera página. Asegúrese que todas las preguntas sean contestadas por el doctor y que no haya espacios en blanco. Luego copie y registre este formulario con el secretario de la Corte. Éste le devolverá una copia “cotejada” al peticionante.

Paso 9: Revise las Notas del Examinador de “Probate”

Usted puede revisar la Notas del Examinador de “Probate” un par de días antes de la fecha de la audiencia en la siguiente página de Internet:

<http://www.sdcourt.ca.gov>

También puede escribir el número del caso y saber si hay algún problema con su caso.

Si ve una “X” al final de las Notas, quiere decir que hay un problema con su petición. Entonces debería llamar al Examinador de “Probate” nombrado en las Notas de la 1:30pm a 2:30 pm. O podría ver al Examinador de “Probate” en persona de las 2:30pm a 3:30pm en la Oficina del Secretario de la Corte localizada en:

Downtown San Diego
Probate Clerk’s Office, 3rd floor
Madge Bradley Building
San Diego Probate Court
1409 4th Avenue, San Diego
(619) 687-2000

North County Division:
Probate Clerk’s Office
325 S. Melrose Drive
Vista, CA 92081
(760) 806-6150

Debe arreglar el problema antes de la fecha de su audiencia. El juez no podrá decidir sobre su petición hasta que el problema haya sido arreglado.

Paso 10: Asista a la Audiencia.

Usted como el peticionante debe asistir a la audiencia. Debe traer todos los formularios a la audiencia, incluyendo todas las copias cotejadas.

La persona para quien se está proponiendo la tutela debe asistir a la audiencia, a menos que su doctor declare por escrito en la *Declaración de Capacidad* [*Capacity Declaration* (GC-335)] que él/ella no puede asistir.

Todos aquellos que recibieron una “*Notificación de Audiencia*” [*Notice of the Hearing*] pueden asistir a la audiencia.

En la audiencia el juez puede (1) conceder la petición para tutela, (2) aplazar la audiencia a una fecha posterior si falta algo en la petición o si alguno de los informes aún no han sido registrados, ó (3) negar la petición.

Si la persona para la cual se pide la tutela o alguno de los asistentes tiene objeciones a la petición, se fijará un juicio para que se escuchen todos los puntos de vista respecto a la tutela.

¿Qué sucede después de la audiencia?

Si la Corte dice que usted puede ser el tutor duna persona adulta con discapacidades del desarrollo, debe hacer lo siguiente antes de que su nombramiento se ponga en efecto.

1. Llene y entregue estos formularios a la Oficina del Secretario de la Corte:

- GC-340 *Orden Nombrando un Tutor* [*Order Appointing Conservator*]
- GC-350 *Cartas de Tutela* [*Letters of Conservatorship*]

Usted debe traer 2 paquetes de estos formularios. Ambos deben ser sellados por el Secretario de la Corte. Éste se quedará con un paquete y a usted le darán el otro.

También debe traer un sobre con porte pagado y con su dirección.

2. Compre una copia del *Manual para Tutores* publicado por el Consejo Judicial de California, si aún no lo ha hecho.

¿Por cuánto tiempo seré Tutor?

La tutela especial dura *por toda la vida de la persona sujeta a la tutela o por toda la vida del tutor (lo que sea más breve)*, a menos que la Corte ordene lo contrario o hasta que una persona adulta con discapacidades del desarrollo fallezca. También, si el investigador de la Corte u otra información sugiere que uno o más tutores no están actuando para el beneficio de la persona sujeta a la tutela, el juez expedirá una orden para fundamentar tal pretensión [*order to show cause*]. Si esto sucede, habrá una audiencia en la corte para decidir si el/los tutor(es) debe(n) ser removido(s) o reemplazado(s). Ésta no es una audiencia criminal. Pero, si se sospecha que un tutor está tomando ventajas físicas o financieras de la persona sujeta a la tutela, el Estado puede presentar cargos criminales.

| | |
|--|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | CASE NUMBER: <div style="display: flex; justify-content: space-between;"> <div>HEARING DATE AND TIME:</div> <div>DEPT.:</div> </div> |
| CONSERVATORSHIP OF (Name): <div style="text-align: right;">(PROPOSED) CONSERVATEE</div> | |
| PETITION FOR APPOINTMENT OF <input type="checkbox"/> SUCCESSOR PROBATE CONSERVATOR OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> Limited Conservatorship | |

1. **Petitioner (name):**

requests that

- a. (Name):
(Address):

(Telephone):

be appointed ☐ successor ☐ conservator ☐ limited conservator
of the PERSON of the (proposed) conservatee and Letters issue upon qualification.

- b. (Name):
(Address):

(Telephone):

be appointed ☐ successor ☐ conservator ☐ limited conservator
of the ESTATE of the (proposed) conservatee and Letters issue upon qualification.

- c. (1) ☐ bond not be required ☐ because the proposed ☐ successor conservator is a corporate fiduciary or an exempt government agency. ☐ for the reasons stated in Attachment 1c.
- (2) ☐ bond be fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law. (Specify reasons in Attachment 1c if the amount is different from the minimum required by Probate Code section 2320.)
- (3) ☐ \$ _____ in deposits in a blocked account be allowed. Receipts will be filed. (Specify institution and location):
- d. ☐ orders authorizing independent exercise of powers under Probate Code section 2590 be granted. Granting the proposed ☐ successor conservator of the estate powers to be exercised independently under Probate Code section 2590 would be to the advantage and benefit and in the best interest of the conservatorship estate. (Specify orders, powers, and reasons in Attachment 1d.)
- e. ☐ orders relating to the capacity of the (proposed) conservatee under Probate Code section 1873 or 1901 be granted. (Specify orders, facts, and reasons in Attachment 1e.)
- f. ☐ orders relating to the powers and duties of the proposed ☐ successor conservator of the person under Probate Code sections 2351–2358 be granted. (Specify orders, facts, and reasons in Attachment 1f.)
- g. ☐ the (proposed) conservatee be adjudged to lack the capacity to give informed consent for medical treatment or healing by prayer and that the proposed ☐ successor conservator of the person be granted the powers specified in Probate Code section 2355. (Complete item 9 on page 5.)

Do NOT use this form for a temporary conservatorship.

| | |
|--|--|
| CONSERVATORSHIP OF (Name): <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-top: 5px;"></div> | CASE NUMBER: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%; margin-top: 5px;"></div> |
| CONSERVATEE | |

1. h. ☐ (for limited conservatorship only) orders relating to the powers and duties of the proposed ☐ successor * limited conservator of the person under Probate Code section 2351.5 be granted. (Specify orders, powers, and duties in Attachment 1h and complete item 1j.)
- i. ☐ (for limited conservatorship only) orders relating to the powers and duties of the proposed ☐ successor * limited conservator of the estate under Probate Code section 1830(b) be granted. (Specify orders, powers, and duties in Attachment 1i and complete item 1j.)
- j. ☐ (for limited conservatorship only) orders limiting the civil and legal rights of the (proposed) limited conservatee be granted. (Specify limitations in Attachment 1j.)
- k. ☐ orders related to dementia placement or treatment as specified in the *Attachment Requesting Special Orders Regarding Dementia* (form GC-313) under Probate Code section 2356.5 be granted. A *Capacity Declaration—Conservatorship* (form GC-335) and *Dementia Attachment to Capacity Declaration—Conservatorship* (form GC-335A), executed by a licensed physician or by a licensed psychologist acting within the scope of his or her licensure with at least two years experience diagnosing dementia, ☐ are filed herewith. ☐ will be filed before the hearing. ☐ (appointment of successor conservator only) will not be filed because an order relating to dementia placement or treatment was filed on (date): . That order has neither expired by its terms nor been revoked.
- l. ☐ other orders be granted. (Specify in Attachment 1l.)
2. **(Proposed) conservatee** is (name):
(Present address):

(Telephone):
3. a. ☐ **Jurisdictional facts** (initial appointment only): The proposed conservatee has no conservator in California and is a
- (1) ☐ resident of California and
- (a) ☐ a resident of this county.
- (b) ☐ not a resident of this county, but commencement of the conservatorship in this county is in the best interests of the proposed conservatee. (Specify reasons in Attachment 3a.)
- (2) ☐ nonresident of California but
- (a) ☐ is temporarily living in this county, or
- (b) ☐ has property in this county, or
- (c) ☐ commencement of the conservatorship in this county is in the best interest of the proposed conservatee. (Specify reasons in Attachment 3a.)
- b. **Petitioner**
- (1) ☐ is ☐ is not a **creditor** or an agent of a creditor of the (proposed) conservatee.
- (2) ☐ is ☐ is not a **debtor** or an agent of a debtor of the (proposed) conservatee.
- c. **Proposed** ☐ **successor conservator** is (check all that apply):
- (1) ☐ a nominee. (Affix nomination as Attachment 3c.)
- (2) ☐ the spouse of the (proposed) conservatee.
- (3) ☐ the domestic partner or former domestic partner of the (proposed) conservatee.
- (4) ☐ a relative of the (proposed) conservatee as (specify relationship):
- (5) ☐ a bank ☐ other entity authorized to conduct the business of a trust company.
- (6) ☐ a nonprofit charitable corporation that meets the requirements of Probate Code section 2104.
- (7) ☐ a private professional conservator, as defined in Probate Code section 2341, who has filed with the court the information statement required by Probate Code section 2342.
- (8) (a) ☐ registered with the Statewide Registry of Private Conservators, Guardians, and Trustees maintained by the California Department of Justice under Probate Code sections 2850–2855. The current registration declaration on file will expire on (date):
- (b) ☐ exempt from statewide registration under Probate Code section (specify):
(Explain basis for exemption in Attachment 3c.)
- (9) ☐ other (specify):

* See Item 5b on page 3.

| | |
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| CONSERVATORSHIP OF (Name): <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> | CASE NUMBER: <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> |
| CONSERVATEE | |

3. d. **Petitioner** is

- (1) ☐ the (proposed) conservatee.
- (2) ☐ the spouse of the (proposed) conservatee.
- (3) ☐ the domestic partner or former domestic partner of the (proposed) conservatee.
- (4) ☐ a relative of the (proposed) conservatee as *(specify relationship)*:
- (5) ☐ a bank ☐ other entity authorized to conduct the business of a trust company.
- (6) ☐ a state or local public entity, officer, or employee.
- (7) ☐ an interested person or friend of the (proposed) conservatee.
- (8) ☐ the proposed ☐ successor conservator.
- (9) ☐ the guardian of the proposed conservatee.

e. **Character and estimated value of the property of the estate** *(complete items (1) or (2) and (3), (4), and (5))*:

- (1) ☐ *(For appointment of successor conservator only, if complete Inventory and Appraisal filed by predecessor):*
 Personal property: \$ _____, per Inventory and Appraisal filed in this proceeding on
(specify dates of filing of all inventories and appraisals):

(2) ☐ Estimated value of personal property: \$ _____

(3) Annual gross income from

- (a) real property: \$ _____
- (b) personal property: \$ _____
- (c) pensions: \$ _____
- (d) wages: \$ _____
- (e) public assistance benefits: \$ _____
- (f) other: \$ _____

(4) **Total** of (1) or (2) and (3): \$ _____

(5) Real property: \$ _____

- (a) ☐ per Inventory and Appraisal identified in item (1).
- (b) ☐ estimated value.

4. **(Proposed) conservatee**

- a. ☐ is ☐ is not a patient in or on leave of absence from a state institution under the jurisdiction of the California Department of Mental Health or the California Department of Developmental Services *(specify state institution)*:
- b. ☐ is receiving or entitled to receive ☐ is neither receiving nor entitled to receive benefits from the U.S. Department of Veterans Affairs *(estimate amount of monthly benefit payable)*: \$ _____
- c. ☐ is ☐ is not able to complete an affidavit of voter registration.

5. a. ☐ **Proposed conservatee** *(initial appointment of conservator only)*

- (1) ☐ is an adult.
- (2) ☐ will be an adult on the effective date of the order *(date)*:
- (3) ☐ is a married minor.
- (4) ☐ is a minor whose marriage has been dissolved.

b. ☐ **Vacancy in office of conservator** *(appointment of successor conservator only. A petition for appointment of a limited conservator after the death of a predecessor is a petition for initial appointment. (Prob. Code, § 1860.5(a)(1).)*

There is a vacancy in the office of conservator of the ☐ person ☐ estate for the reasons
☐ specified in Attachment 5b. ☐ specified below.

| | |
|---|--------------|
| CONSERVATORSHIP OF <i>(Name)</i> : <div style="text-align: right;">CONSERVATEE</div> | CASE NUMBER: |
|---|--------------|

5. c. **(Proposed) conservatee** requires a conservator and is

- (1) ☐ unable to properly provide for his or her personal needs for physical health, food, clothing, or shelter.
 Supporting facts are ☐ specified in Attachment 5c(1) ☐ as follows:

- (2) ☐ substantially unable to manage his or her financial resources or to resist fraud or undue influence.
 Supporting facts are ☐ specified in Attachment 5c(2) ☐ as follows:

- GC-310 [Rev. January 1, 2006]

CONSERVATEE

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| | | |
|---|--|----------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): | | <i>FOR COURT USE ONLY</i> |
| TELEPHONE NO.: FAX NO.: | | |
| ATTORNEY FOR (<i>Name</i>): | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO CA 92101-3105 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6645 <input type="checkbox"/> Conservatorship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate of: | | |
| Date of Hearing _____ | | CASE NUMBER |
| REFERRAL FOR INVESTIGATOR'S REPORT | | |

THIS REFERRAL MUST BE COMPLETED AND FILED WITH ANY PETITION FOR ☐ APPOINTMENT ☐ ACCOUNTING OF CONSERVATOR.

Name and address of proposed Conservator:

(Telephone No.)

Is there an LPS? ☐ Yes ☐ No If yes, name and address.

Is (proposed) Conservatee a Medi-Cal recipient? ☐ Yes ☐ No

State exact location of proposed Conservatee: ☐ Permanent ☐ Temporary

(Address)

(Name of person in charge) (Telephone No.)

(Person to be contacted re: visitation if other than above) (Telephone No.)

Any additional information, which will be of assistance to the Investigator:

☐ Firearms on site _____ ☐ Restraining orders _____

☐ Dogs on site _____ ☐ Other hazards! _____

☐ PC § 1826(P) There has been a previous investigation within the last six months.

Date: _____

(Signature of Petitioner/Attorney)

| | |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE | |
| NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP | CASE NUMBER: |

This notice is required by law.
This notice does not require you to appear in court, but you may attend the hearing if you wish.

1. NOTICE is given that (name):
 (representative capacity, if any):
 has filed (specify):

 2. You may refer to documents on file in this proceeding for more information. (Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.)

 3. ☐ The petition includes an application for the independent exercise of powers by a guardian or conservator under
☐ Probate Code section 2108 ☐ Probate Code section 2590.
 Powers requested are ☐ specified below ☐ specified in Attachment 3.

 4. A HEARING on the matter will be held as follows:
- | | | | |
|----------|-------|--------|-------|
| a. Date: | Time: | Dept.: | Room: |
|----------|-------|--------|-------|
- b. Address of court ☐ same as noted above ☐ is (specify):

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



| | |
|--|--------------------|
| <input type="checkbox"/> ESTATE <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> MATTER OF _____ (Name): _____ | CASE NUMBER: _____ |
|--|--------------------|

ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

(This Attachment is for use with forms DE-120 and GC-020.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

| No. | <u>Name of person served</u> | <u>Address (number, street, city, state, and zip code)</u> |
|-----|------------------------------|--|
| — | | |
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| — | | |
| — | | |

1. You are hereby cited and required to appear at a hearing in this court on

a. Date: _____ Time: _____ Dept.: _____ Room: _____

Date: _____ Clerk, by _____, Deputy

(SEAL)



PROPOSED CONSERVATEE

1. At the time of service I was at least 18 years of age and not a party to this proceeding. **I served copies** of the *Citation for Conservatorship* and the *Petition for Appointment of Probate Conservator* (form GC-310) as follows:

- c. Address (*specify*):

- a. ☐ **by personally delivering** the copies (1) on (date): (2) at (time):
- b. ☐ **by mailing** the copies to the person served, addressed as shown in item 2c, by first-class mail, postage prepaid,
- (1) on (date): (2) from (city):
- (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt—Civil* and a postage-paid return envelope addressed to me. (*Attach completed Notice and Acknowledgment of Receipt—Civil (form POS-015).*)
- (4) ☐ to an address outside California with return receipt requested. (*Attach completed return receipt.*)
- c. ☐ **other** (specify other manner of service, and the authorizing code section and order of the court):

- b. ☐ Fee for service: \$
- c. ☐ Not a registered California process server.
- d. ☐ Exempt from registration under Business and Professions Code section 22350(b).
- e. ☐ Registered California process server.
- (1) ☐ Employee or independent contractor.
- (2) Registration no. (*specify*):
- (3) County (*specify*):
- (4) Expiration (*date*):

- Date:

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GC-314

1. **Proposed conservator (name):**
a. Date of birth:
c. Social security number: d. Driver's license number: State:
e. Telephone numbers: Home: Work: Other:
2. a. ☐ I am related to the proposed conservatee as *(specify relationship)*:
b. ☐ I have personally known the proposed conservatee for: years, months.
3. ☐ I was ☐ I was not nominated as conservator of the ☐ person ☐ estate of the proposed conservatee, by ☐ the proposed conservatee. ☐ the spouse or registered domestic partner of the proposed conservatee. ☐ a parent of the proposed conservatee. *(If you checked "I was," provide documentation in Attachment 3.)*
4. a. ☐ I am the spouse of the proposed conservatee. ☐ I have ☐ I have not filed for legal separation, dissolution of marriage, annulment, or adjudication of nullity of the marriage. *(If you checked "I have," explain in Attachment 4.)*
b. ☐ I am not the spouse of the proposed conservatee.
5. a. ☐ I am the registered domestic partner of the proposed conservatee. ☐ I do not ☐ I do intend to terminate my domestic partnership with the proposed conservatee. *(If you checked "I do," explain in Attachment 5.)*
b. ☐ I am a former domestic partner of the proposed conservatee. My domestic partnership with the proposed conservatee was terminated on *(date)*: . *(Explain circumstances in Attachment 5.)*
c. ☐ I am neither a current nor former domestic partner of the proposed conservatee.
6. a. ☐ I do ☐ I do not owe money or have a financial obligation to the proposed conservatee. *(If you checked "I do," explain in Attachment 6.)*
b. The proposed conservatee ☐ does ☐ does not owe money or have a financial obligation to me. *(If you checked "does," explain in Attachment 6.)*
c. ☐ I am ☐ I am not an agent for a creditor of the proposed conservatee. *(If you checked "I am," explain in Attachment 6.)*

| | |
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| CONSERVATORSHIP OF <i>(Name):</i> <div style="text-align: right; padding-right: 20px;">PROPOSED CONSERVATEE</div> | CASE NUMBER: |
|--|----------------------|

7. ☐ I have ☐ I have not filed for bankruptcy protection within the last 10 years. *(If you checked "I have," explain in Attachment 7.)*
8. ☐ I have ☐ I have not been convicted of a felony or had a felony expunged from my record. *(If you checked "I have," explain in Attachment 8.)*
9. ☐ I have ☐ I have not been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving the taking of property. *(If you checked "I have," explain in Attachment 9.)*
10. ☐ I have ☐ I have not been charged with, arrested for, or convicted of a crime involving fraud, conspiracy, or misrepresentation of information. *(If you checked "I have," explain in Attachment 10.)*
11. ☐ I have ☐ I have not been charged with, arrested for, or convicted of any form of elder abuse or neglect. *(If you checked "I have," explain in Attachment 11.)*
12. ☐ I have ☐ I have not had a restraining order or protective order filed against me in the last 10 years. *(If you checked "I have," explain in Attachment 12.)*
13. ☐ I am ☐ I am not required to register as a sex offender under California Penal Code section 290. *(If you checked "I am," explain in Attachment 13.)*
14. ☐ I have ☐ I have not previously been appointed conservator, executor, or fiduciary in another proceeding. *(If you checked "I have," explain in Attachment 14.)*
15. ☐ I have ☐ I have not been removed or resigned as a conservator, guardian, executor, or fiduciary in any other case. *(If you checked "I have," explain in Attachment 15.)*
16. ☐ I have or may have ☐ I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of conservator. *(If you checked "I have or may have," explain in Attachment 16.)*
17. ☐ I am ☐ I am not a private professional conservator, as defined in Probate Code section 2341.
 ☐ I have ☐ I have not filed with the court the information statement required by Probate Code section 2342. *(If you checked "I am" and "I have not," explain in Attachment 17.)*
18. ☐ I am ☐ I am not currently registered with the Statewide Registry of Conservators/Guardians/Trustees maintained by the California Department of Justice under Probate Code sections 2850–2855.
 My current registration will expire on *(date):*
 (If you checked "I am not," explain why you are not registered in Attachment 18.)
19. ☐ I am ☐ I am not a responsible corporate officer authorized to act for *(name of corporation):*

 a California nonprofit charitable corporation that meets the requirements for appointment as conservator of the proposed conservatee under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as conservator. *(If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed conservatee in Attachment 19.)*
20. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?
 ☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 20 and provide the name, address, and telephone number of each social worker, parole officer, or probation officer.)*

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

| | |
|---|---|
| <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> (TYPE OR PRINT NAME OF PROPOSED CONSERVATOR) | <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: right; margin-right: 20px;">▶</div> (SIGNATURE OF PROPOSED CONSERVATOR)* |
|---|---|

*Each proposed conservator must fill out and file a separate screening form.

| | | |
|--|---------------------------|-----------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. <i>(Optional):</i></div> </div> E-MAIL ADDRESS <i>(Optional):</i> ATTORNEY FOR <i>(Name):</i> | FOR COURT USE ONLY | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | | |
| CONSERVATORSHIP OF <i>(Name):</i> <div style="text-align: right;">PROPOSED CONSERVATEE</div> | | |
| <div style="text-align: center;"> CONFIDENTIAL SUPPLEMENTAL INFORMATION (Probate Conservatorship) </div> Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship | | |
| 1. a. Proposed conservatee <i>(name):</i> b. Date of birth: c. Social security No.: | | CASE NUMBER: |
| 2. <input type="checkbox"/> UNABLE TO PROVIDE FOR PERSONAL NEEDS* The following facts support petitioner's allegation that the proposed conservatee is unable to provide properly for his or her needs for physical health, food, clothing, and shelter <i>(specify in detail, enlarging upon the reasons stated in the petition; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns):</i> <input type="checkbox"/> Specified in Attachment 2. | | HEARING DATE: |
| | | DEPT.: TIME: |

* If this item is not applicable, complete item 8.

CONFIDENTIAL

| | |
|----------------------------|--------------|
| CONSERVATORSHIP OF (Name): | CASE NUMBER: |
| PROPOSED CONSERVATEE | |

3. ☐ UNABLE TO MANAGE FINANCIAL RESOURCES* The following facts support petitioner's allegation that the proposed conservatee is substantially unable to manage his or her financial resources or to resist fraud or undue influence (*specify in detail, enlarging upon the reasons stated in the petition; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns*): ☐ Specified in Attachment 3.

4. RESIDENCE ("Residence" means the place usually described as "home"; for example, owned real property or long-term rental.)

a. The proposed conservatee is **located** at (*street address, city, state*):

b. The proposed conservatee's **residence** is* ☐ the address in item 4a ☐ other (*street address, city, state*):

c. **Ability to live in residence*** The proposed conservatee is

(1) ☐ **living** in his or her residence and

(a) ☐ will continue to live there unless circumstances change.

(b) ☐ will need to be moved after a conservator is appointed (*specify supporting facts below in item 4c(3)*).

(c) ☐ other (*specify and give supporting facts below in item 4c(3)*).

* If this item is not applicable, complete item 8.

(Continued on page three)

CONFIDENTIAL

| | |
|-------------------------------------|-----------------------|
| CONSERVATORSHIP OF (Name): _____ | CASE NUMBER: _____ |
| PROPOSED CONSERVATEE | |

4. c. (continued)

(2) ☐ **not living** in his or her residence and

(a) ☐ will return by (date):

(specify supporting facts below in item 4c(3)).

(b) ☐ will not return to live there (specify supporting facts below in item 4c(3)).

(c) ☐ other (specify and give supporting facts below in item 4c(3)).

(3) ☐ Supporting facts (specify if required): ☐ Specified in Attachment 4c.

5. ALTERNATIVES TO CONSERVATORSHIP* Petitioner has considered the following alternatives to conservatorship and found them to be unsuitable or unavailable to the proposed conservatee (specify the alternatives considered and the reason or reasons each is unsuitable or unavailable): ☐ Reasons specified in Attachment 5.

a. Voluntary acceptance of informal or formal assistance (give reason this is unsuitable or unavailable):

b. Special or limited power of attorney (give reason this is unsuitable or unavailable):

c. General power of attorney (give reason this is unsuitable or unavailable):

d. Durable power of attorney for ☐ health care ☐ estate management (give reason this is unsuitable or unavailable):

e. Trust (give reason this is unsuitable or unavailable):

f. Other alternatives considered (specify and give reason each is unsuitable or unavailable):

6. SERVICES PROVIDED* (complete a or b, or both a and b)

a. ☐ During the year before this petition was filed,

(1) **health services** ☐ were provided ☐ were not provided to the proposed conservatee (explain):

☐ Explained in Attachment 6a(1).

(2) **social services** ☐ were provided ☐ were not provided to the proposed conservatee (explain):

☐ Explained in Attachment 6a(2).

* If this item is not applicable, complete item 8.

(Continued on page four)

CONFIDENTIAL

| | |
|-------------------------------------|-----------------------|
| CONSERVATORSHIP OF (Name): _____ | CASE NUMBER: _____ |
| PROPOSED CONSERVATEE | |

6. a. (continued)

- (3) **estate management assistance** ☐ was provided ☐ was not provided to the proposed conservatee (explain):
☐ Explained in Attachment 6a(3).

- b. ☐ Petitioner has **no knowledge** of what ☐ social services ☐ health services ☐ estate management assistance was provided to the proposed conservatee during the year before this petition was filed. Petitioner has no reasonable means of determining what services were provided.

7. SUPPORTING FACTS (AFFIDAVITS) The information provided above is stated

- a. Item 1: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 1a.
b. Item 2: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 2a.
c. Item 3: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 3a.
d. Item 4: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 4a.
e. Item 5: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 5a.
f. Item 6: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 6a.

8. ITEMS NOT APPLICABLE The following items on this form were not applicable to the proposed conservatee:

- ☐ 2 ☐ 3 ☐ 4b ☐ 4c ☐ 5 ☐ 6 (specify reasons each item is not applicable):
☐ Reasons specified in Attachment 8.

9. Number of pages attached: _____

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

| | |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> <div style="display: flex; justify-content: space-between;"> <div>E-MAIL ADDRESS (Optional):</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>ATTORNEY FOR (Name):</div> <div></div> </div> | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE | |
| CAPACITY DECLARATION—CONSERVATORSHIP | CASE NUMBER |

TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER

The purpose of this form is to enable the court to determine whether the (proposed) conservatee (*check all that apply*):

- A. ☐ is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for (date): . (*Complete item 5, sign, and file page 1 of this form.*)
- B. ☐ has the capacity to give informed consent to medical treatment. (*Complete items 6 through 8, sign page 3, and file pages 1 through 3 of this form.*)
- C. ☐ has dementia and, if so, (1) whether he or she needs to be placed in a secured-perimeter residential care facility for the elderly, and (2) whether he or she needs or would benefit from dementia medications. (*Complete items 6 and 8 of this form and form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and form GC-335A.*)

(*If more than one item is checked above, sign the last applicable page of this form or form GC-335A if item C is checked. File page 1 through the last applicable page of this form; also file form GC-335A if item C is checked.*)

COMPLETE ITEMS 1–4 OF THIS FORM IN ALL CASES.

GENERAL INFORMATION

1. (Name):
2. (Office address and telephone number):

3. I am

- a. ☐ a California licensed ☐ physician ☐ psychologist acting within the scope of my licensure ☐ with at least two years' experience in diagnosing dementia.
- b. ☐ an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the (proposed) conservatee. The (proposed) conservatee is under my treatment. (*Religious practitioner may make the determination under item 5 ONLY.*)

4. (Proposed) conservatee (name):

- a. I last saw the (proposed) conservatee on (date):
- b. The (proposed) conservatee ☐ is ☐ is NOT a patient under my continuing treatment.

ABILITY TO ATTEND COURT HEARING

5. A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. (*Complete a or b.*)

- a. ☐ The proposed conservatee is able to attend the court hearing.
- b. ☐ Because of medical inability, the proposed conservatee is NOT able to attend the court hearing (*check all items below that apply*)
- (1) ☐ on the date set (*see date in box in item A above*).
- (2) ☐ for the foreseeable future.
- (3) ☐ until (date):
- (4) **Supporting facts** (*State facts in the space below or check this box ☐ and state the facts in Attachment 5*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of

| | |
|---|--------------|
| CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE | CASE NUMBER: |
|---|--------------|

6. EVALUATION OF (PROPOSED) CONSERVATEE'S MENTAL FUNCTIONS

Note to practitioner: This form is *not* a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) conservatee's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for items 6A–6C): Check the appropriate designation as follows: **a** = no apparent impairment; **b** = moderate impairment; **c** = major impairment; **d** = so impaired as to be incapable of being assessed; **e** = I have no opinion.)

A. Alertness and attention

- (1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (2) Orientation (types of orientation impaired)
 a ☐ b ☐ c ☐ d ☐ e ☐ Person
 a ☐ b ☐ c ☐ d ☐ e ☐ Time (day, date, month, season, year)
 a ☐ b ☐ c ☐ d ☐ e ☐ Place (address, town, state)
 a ☐ b ☐ c ☐ d ☐ e ☐ Situation ("Why am I here?")
- (3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle)
 a ☐ b ☐ c ☐ d ☐ e ☐

B. Information processing. Ability to:

- (1) Remember (ability to remember a question before answering; to recall names, relatives, past presidents, and events of the past 24 hours)
 - i. Short-term memory a ☐ b ☐ c ☐ d ☐ e ☐
 - ii. Long-term memory a ☐ b ☐ c ☐ d ☐ e ☐
 - iii. Immediate recall a ☐ b ☐ c ☐ d ☐ e ☐
- (2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (5) Reason using abstract concepts. (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (7) Reason logically.
 a ☐ b ☐ c ☐ d ☐ e ☐

C. Thought disorders

- (1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (2) Hallucinations (auditory, visual, olfactory)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (3) Delusions (demonstrably false belief maintained without or against reason or evidence)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior).
 a ☐ b ☐ c ☐ d ☐ e ☐

(Continued on next page)

| | |
|---|--------------------|
| CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ | CASE NUMBER: _____ |
| _____ <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE | |

6. (continued)

- D. **Ability to modulate mood and affect.** The (proposed) conservatee ☐ has ☐ does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. (If so, complete remainder of item 6D.) ☐ I have no opinion.

(Instructions for item 6D: Check the degree of impairment of each inappropriate mood state (if any) as follows: a = mildly inappropriate; b = moderately inappropriate; c = severely inappropriate.)

| | | | | | | | | | | | |
|---------|----------------------------|----------------------------|----------------------------|--------------|----------------------------|----------------------------|----------------------------|--------------|----------------------------|----------------------------|----------------------------|
| Anger | a <input type="checkbox"/> | b <input type="checkbox"/> | c <input type="checkbox"/> | Euphoria | a <input type="checkbox"/> | b <input type="checkbox"/> | c <input type="checkbox"/> | Helplessness | a <input type="checkbox"/> | b <input type="checkbox"/> | c <input type="checkbox"/> |
| Anxiety | a <input type="checkbox"/> | b <input type="checkbox"/> | c <input type="checkbox"/> | Depression | a <input type="checkbox"/> | b <input type="checkbox"/> | c <input type="checkbox"/> | Apathy | a <input type="checkbox"/> | b <input type="checkbox"/> | c <input type="checkbox"/> |
| Fear | a <input type="checkbox"/> | b <input type="checkbox"/> | c <input type="checkbox"/> | Hopelessness | a <input type="checkbox"/> | b <input type="checkbox"/> | c <input type="checkbox"/> | Indifference | a <input type="checkbox"/> | b <input type="checkbox"/> | c <input type="checkbox"/> |
| Panic | a <input type="checkbox"/> | b <input type="checkbox"/> | c <input type="checkbox"/> | Despair | a <input type="checkbox"/> | b <input type="checkbox"/> | c <input type="checkbox"/> | | | | |

- E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6A–6D

- (1) ☐ do NOT vary substantially in frequency, severity, or duration.
 (2) ☐ do vary substantially in frequency, severity, or duration (*explain; continue on Attachment 6E if necessary*):

- F. ☐ (Optional) Other information regarding my evaluation of the (proposed) conservatee's mental function (e.g., diagnosis, symptomatology, and other impressions) is ☐ stated below ☐ stated in Attachment 6F.

ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the (proposed) conservatee
- a. ☐ has the capacity to give informed consent to any form of medical treatment. This opinion is limited to medical consent capacity.
 - b. ☐ lacks the capacity to give informed consent to any form of medical treatment because he or she is **either** (1) unable to respond knowingly and intelligently regarding medical treatment **or** (2) unable to participate in a treatment decision by means of a rational thought process, **or both**. The deficits in the mental functions described in item 6 above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of medical decisions. This opinion is limited to medical consent capacity.

(Declarant must initial here if item 7b applies: _____.)

8. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

When you are appointed by the court as a conservator, you become responsible to the court and assume certain duties and obligations. All of your actions as conservator are subject to review by the court. An attorney is best qualified to advise you about these matters. You should clearly understand the information on this form. You will find additional information in the **Judicial Council *Handbook for Conservators***, which you are required by law to possess.

A conservatee does not lose all rights or all voice in important decisions affecting his or her way of life. All conservatees have the right to be treated with understanding and respect, the right to have their wishes considered, and the right to be well cared for by you. A conservatee generally keeps the right to (1) control his or her own salary, (2) make or change a will, (3) marry, (4) receive personal mail, (5) be represented by a lawyer, (6) ask a judge to change conservators, (7) ask a judge to end the conservatorship, (8) vote, unless a judge decides the conservatee is not capable of exercising this right, (9) control personal spending money, if a judge has authorized an allowance, and (10) make his or her own medical decisions, unless a judge has taken away that right and given it to you. Ask your attorney what rights the conservatee does not have and consult your attorney when you are in doubt.

If the court appoints you as conservator of the person, you will arrange for the conservatee's care and protection, decide where the conservatee will live, and make arrangements for the conservatee's health care, meals, clothing, personal care, housekeeping, transportation, and recreation.

You must assess the conservatee's needs and decide how to meet them.

You may decide where the conservatee will live, but you must choose the "least restrictive," appropriate living situation that is safe and comfortable and allows the conservatee as much independence as possible. You must not move the conservatee from the state or place the conservatee involuntarily in a mental health treatment facility without permission of the court. You must notify the court of each change of the conservatee's address and your address. If you are authorized to place the conservatee in a secure facility because of dementia, you must be sure that the placement is appropriate, meets all special needs, and is the least restrictive.

You are responsible for ensuring that the conservatee's health needs are met. You may not, however, give or withhold consent for medical treatment over the conservatee's objection **unless** the court has given you exclusive authority to consent because the conservatee has lost the ability to make sound medical choices. If you have the authority to approve the use of psychotropic medications to treat dementia and the behaviors associated with it, you should be sure that other, less intrusive treatment options are explored first.

| | |
|---|---------------------------|
| CONSERVATORSHIP OF (Name): _____ | CASE NUMBER: _____ |
| CONSERVATEE | |

II. CONSERVATOR OF THE PERSON (*continued*)

4. WORK WITH THE CONSERVATOR OF THE ESTATE

If someone else is handling the conservatee's assets, the two of you must work together to be sure the conservatee can afford the care you arrange. Purchases you make for the conservatee must be approved by the conservator of the estate or you may not be reimbursed.

5. CONSULT YOUR ATTORNEY AND OTHER RESOURCES

Your attorney will advise you on your duties, the limits of your authority, the rights of the conservatee, and your dealings with the court. If you have legal questions, check with your attorney, not the court staff. Other questions may be answered better and less expensively by calling on local community resources. (To find these resources, see the *Handbook for Conservators* and the local supplement distributed by the court.)

III. CONSERVATOR OF THE ESTATE

If the court appoints you as conservator of the estate, you will manage the conservatee's finances, protect the conservatee's income and assets, make an inventory of the conservatorship estate's assets, develop a working plan to ensure that the conservatee's needs are met, make sure the conservatee's bills are paid, invest the conservatee's money, see that the conservatee is receiving all the income and benefits he or she is entitled to, ensure that tax returns are filed on time, keep accurate financial records, and regularly report your financial accounts to the court. (Note: The assets and finances of the conservatee are known as "the estate.")

1. MANAGING THE ESTATE'S ASSETS

a. Prudent investments

You must manage the estate assets with the care of a prudent person dealing with someone else's property. This means you must be cautious and you may not make any speculative investments.

b. Keep estate assets separate from anyone else's

You must keep the money and property in this estate separate from anyone else's, including your own. When you open a bank account for the estate, the account name must indicate that it is a *conservatorship* account and not your personal account. Never deposit estate funds in your personal account or otherwise mix them with your or anyone else's property, even for brief periods. Securities in the estate must be held in a name that shows they are estate property and not your personal property.

c. Interest-bearing accounts and other investments

Except for checking accounts intended for ordinary administration expenses, estate accounts must earn interest. You may deposit estate funds in insured accounts in financial institutions, but you should not put more than \$100,000 in one institution. Consult with an attorney before making other kinds of investments.

d. Other restrictions

There are many other restrictions on your authority to deal with estate assets. Without prior order of the court, you may not pay fees to yourself or to your attorney, make a gift of estate assets, or borrow from the estate. If you do not obtain the court's permission when it is required, you may be removed as conservator or you may be required to reimburse the estate from your own personal funds, or both. You should consult with an attorney concerning the legal requirements affecting sales, leases, mortgages, and investments of estate property.

2. INVENTORY OF ESTATE PROPERTY

a. Locate the estate's property

You must locate, take possession of, and protect all the conservatee's income and assets that will be administered in the estate. You should change the ownership of most assets of the conservatorship into the conservatorship estate's name. For real estate, you must record a copy of your *Letters of Conservatorship* with the county recorder in each county where the conservatee owns real property.

b. Determine the value of the property

You must arrange to have a court-appointed referee determine the value of the property unless the appointment is waived by the court. You, rather than the referee, must determine the value of certain "cash items." An attorney can advise you about how to do this.

c. File an inventory and appraisal

Within 90 days after your appointment as conservator, you must file with the court an inventory and appraisal of all the assets in the estate.

| | |
|------------------------------------|----------------------|
| CONSERVATORSHIP OF (Name): | CASE NUMBER: |
| CONSERVATEE | |

III. CONSERVATOR OF THE ESTATE (*continued*)

3. INSURANCE

You should determine that there is appropriate and adequate insurance covering the assets and risks of the estate. Maintain the insurance in force during the entire period of the administration (except for assets after they are sold).

4. RECORD KEEPING

a. Keep an accounting

You must keep complete and accurate records of each financial transaction affecting the estate. The checkbook for the conservatorship checking account is your indispensable tool for keeping records of income and expenditures. You will have to prepare an accounting of all money and property you have received, what you have spent, the date of each transaction, and its purpose. You must describe in detail what you have left after you pay the estate's expenses.

b. Court review of your records

You must file a petition requesting that the court review and approve your accounting one year after your appointment and at least every two years after that. Save your receipts because the court may ask to review them also. If you do not file your accountings as required, the court will order you to do so. You may be removed as conservator if you fail to comply.

5. CONSULTING AN ATTORNEY

Your attorney will advise you and help prepare your inventories, accountings, and petitions to the court. If you have questions, check with your attorney, not the court staff. You should cooperate with your attorney at all times. **When in doubt, contact your attorney.**

IV. DUTY TO DISCLOSE

If you are the spouse of the conservatee, you must disclose to the court the filing of any action or proceeding against the conservatee for (1) legal separation, (2) dissolution of marriage, (3) annulment, or (4) adjudication of nullity of marriage. The disclosure must be made within 10 days of the initial filing of the action or proceeding by filing a notice with the court and serving notice according the Probate Code.

V. LIMITED CONSERVATOR (for the developmentally disabled only)

1. AUTHORITY SPECIFIED IN YOUR LETTERS

If the court appoints you as limited conservator, you will have authority to take care of **only** those aspects of the conservatee's life and financial affairs specified in your *Letters of Conservatorship* and the court's order appointing you. The conservatee retains all other legal and civil rights. Although most of the information provided in this form also applies to limited conservatorships (especially the duties of the conservator of the person), you should clarify with your attorney exactly which information applies in your case.

2. DUTY TO HELP CONSERVATEE DEVELOP SELF-RELIANCE

You must secure treatment, services, and opportunities that will assist the limited conservatee to develop maximum self-reliance and independence. This assistance may include training, education, medical and psychological services, social opportunities, vocational opportunities, and other appropriate help.

VI. TEMPORARY CONSERVATOR

If the court appoints you as temporary conservator, you will generally have the same duties and authority as general conservators **except** the conservatorship will end on the date specified in your *Letters of Temporary Conservatorship*. Most of the information in this form also applies to temporary conservatorships, but you must consult your attorney about which duties you will **not** perform because of the limited time. A temporary conservator should avoid making long-term decisions or changes that could safely wait until a general conservator is appointed. As temporary conservator, you may not move a conservatee from his or her home or sell or give away the conservatee's home or any other assets without court approval.

Sign the *Acknowledgment of Receipt* on page four.

| | |
|---|----------------------|
| CONSERVATORSHIP OF (Name): <div style="border-bottom: 1px solid black; height: 1.2em; width: 90%; margin-top: 5px;"></div> | CASE NUMBER: |
| CONSERVATEE | |

ACKNOWLEDGMENT OF RECEIPT
of *Duties of Conservator* and *Handbook for Conservators*
(Probate Code, § 1834)

1. I have petitioned the court to be appointed as conservator.
2. I acknowledge that I have received this statement of the duties and liabilities of the office of conservator (*Duties of Conservator* form) and the *Handbook for Conservators* adopted by the Judicial Council.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

| | | |
|----------------------|---|---------------------------|
| | ▶ | |
| (TYPE OR PRINT NAME) | | (SIGNATURE OF PETITIONER) |

Date:

| | | |
|----------------------|---|---------------------------|
| | ▶ | |
| (TYPE OR PRINT NAME) | | (SIGNATURE OF PETITIONER) |

Date:

| | | |
|----------------------|---|---------------------------|
| | ▶ | |
| (TYPE OR PRINT NAME) | | (SIGNATURE OF PETITIONER) |

NOTICE

This statement of duties and liabilities is a summary and is not a complete statement of the law. Your conduct as a conservator is governed by the law itself and not by this summary or by the Judicial Council *Handbook for Conservators*. When in doubt, consult your attorney.

| | |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):</div> <div>FAX NO. (Optional):</div> </div> | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| CONSERVATORSHIP OF (Name): | |
| CONSERVATEE | |
| ORDER APPOINTING <input type="checkbox"/> SUCCESSOR PROBATE CONSERVATOR OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> Limited Conservatorship | CASE NUMBER: |

WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.

1. The petition for appointment of ☐ successor conservator came on for hearing as follows
(check boxes c, d, e, and f or g to indicate personal presence):
- a. Judicial Officer (name):
- b. Hearing date: Time: ☐ Dept.: ☐ Room:
- c. ☐ Petitioner (name):
- d. ☐ Attorney for petitioner (name):
- e. ☐ Attorney for ☐ person cited ☐ the conservatee on petition to appoint successor conservator:
 (Name): (Telephone):
 (Address):
- f. ☐ Person cited was ☐ present. ☐ unable to attend. ☐ able but unwilling to attend. ☐ out of state.
- g. ☐ The conservatee on petition to appoint successor conservator was ☐ present. ☐ not present.

THE COURT FINDS

2. All notices required by law have been given.
3. (Name):
- a. ☐ is unable properly to provide for his or her personal needs for physical health, food, clothing, or shelter.
- b. ☐ is substantially unable to manage his or her financial resources or to resist fraud or undue influence.
- c. ☐ has voluntarily requested appointment of a conservator and good cause has been shown for the appointment.
4. The conservatee
- a. ☐ is an adult.
- b. ☐ will be an adult on the effective date of this order.
- c. ☐ is a married minor.
- d. ☐ is a minor whose marriage has been dissolved.
5. ☐ There is no form of medical treatment for which the conservatee has the capacity to give an informed consent.
☐ The conservatee is an adherent of a religion defined in Probate Code section 2355(b).
6. ☐ Granting the ☐ successor conservator powers to be exercised independently under Probate Code section 2590 is to the advantage and benefit and in the best interest of the conservatorship estate.
7. ☐ The conservatee is not capable of completing an affidavit of voter registration.
8. ☐ The conservatee has dementia as defined in Probate Code section 2356.5, and the court finds all other facts required to make the orders specified in item 27.

Do NOT use this form for a temporary conservatorship.

| | |
|---|---------------------------|
| CONSERVATORSHIP OF (Name): _____ | CASE NUMBER: _____ |
| CONSERVATEE | |

9. ☐ Attorney (name): _____ has been appointed by the court as legal counsel to represent the conservatee in these proceedings. The cost for representation is: \$
The conservatee has the ability to pay ☐ all ☐ none ☐ a portion of this sum (specify): \$
10. ☐ The conservatee need not attend the hearing.
11. ☐ The appointed court investigator is (name): _____
(Address and telephone): _____
12. ☐ (For limited conservatorship only) The limited conservatee is developmentally disabled as defined in Probate Code section 1420.
13. ☐ The ☐ successor conservator is a private professional conservator as defined by Probate Code section 2341 who has filed with the court the confidential statement required by Probate Code section 2342.
14. The ☐ successor conservator (check a or b):
- ☐ is currently registered with the Statewide Registry of Private Conservators, Guardians, and Trustees maintained by the California Department of Justice under Probate Code sections 2850–2855.
 - ☐ is exempt from statewide registration under Probate Code sections 2850–2855.
15. (Either a, b, or c must be checked):
- ☐ The ☐ successor conservator is not the spouse of the conservatee.
 - ☐ The ☐ successor conservator is the spouse of the conservatee and is not a party to an action or proceeding against the conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage.
 - ☐ The ☐ successor conservator is the spouse of the conservatee and is a party to an action or proceeding against the conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage. It is in the best interests of the conservatee to appoint the spouse as ☐ successor conservator.
16. (Either a, b, or c must be checked):
- ☐ The ☐ successor conservator is not the domestic partner or former domestic partner of the conservatee.
 - ☐ The ☐ successor conservator is the domestic partner of the conservatee and has neither terminated nor intends to terminate their domestic partnership.
 - ☐ The ☐ successor conservator is the domestic partner or former domestic partner of the conservatee and intends to terminate or has terminated their domestic partnership. It is in the best interest of the conservatee to appoint the domestic partner or former domestic partner as ☐ successor conservator.

THE COURT ORDERS

17. a. (Name): _____ (Telephone): _____
(Address): _____
- is appointed** ☐ successor ☐ conservator ☐ limited conservator of the PERSON of (name): _____
and Letters of Conservatorship shall issue upon qualification.
- b. (Name): _____ (Telephone): _____
(Address): _____
- is appointed** ☐ successor ☐ conservator ☐ limited conservator of the ESTATE of (name): _____
and Letters of Conservatorship shall issue upon qualification.
18. ☐ The conservatee need not attend the hearing.
19. a. ☐ Bond is not required.
- b. ☐ Bond is fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law.
- c. ☐ Deposits of: \$ _____ are ordered to be placed in a blocked account at (specify institution and location): _____
- and receipts shall be filed. No withdrawals shall be made without a court order.
☐ Additional orders in Attachment 19c.
- d. ☐ The ☐ successor conservator is not authorized to take possession of money or any other property without a specific court order.

| | |
|---|---------------------------|
| CONSERVATORSHIP OF (Name): _____ | CASE NUMBER: _____ |
| CONSERVATEE | |

20. ☐ For legal services rendered, ☐ conservatee ☐ conservatee's estate ☐ parents of the minor ☐ minor's estate shall pay to (name): _____ the sum of: \$ _____
☐ forthwith ☐ as follows (specify terms, including any combination of payors): _____

- ☐ Continued in Attachment 20.
21. ☐ The conservatee is disqualified from voting.
22. ☐ The conservatee lacks the capacity to give informed consent for medical treatment and the ☐ successor conservator of the person is granted the powers specified in Probate Code section 2355.
☐ The treatment shall be performed by an accredited practitioner of a religion as defined in Probate Code section 2355(b).
23. ☐ The ☐ successor conservator of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in Attachment 23 ☐ subject to the conditions provided.
24. ☐ Orders relating to the capacity of the conservatee under Probate Code sections 1873 or 1901 as specified in Attachment 24 are granted.
25. ☐ Orders relating to the powers and duties of the ☐ successor conservator of the person under Probate Code sections 2351–2358 as specified in Attachment 25 are granted. (*Do not include orders under Probate Code section 2356.5 relating to dementia.*)
26. ☐ Orders relating to the conditions imposed under Probate Code section 2402 on the ☐ successor conservator of the estate as specified in Attachment 26 are granted.
27. ☐ a. ☐ The ☐ successor conservator of the person is granted authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
b. ☐ The ☐ successor conservator of the person is granted authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).
28. ☐ Other orders as specified in Attachment 28 are granted.
29. ☐ The probate referee appointed is (name and address): _____

30. ☐ (*For limited conservatorship only*) Orders relating to the powers and duties of the ☐ successor limited conservator of the person under Probate Code section 2351.5 as specified in Attachment 30 are granted.
31. ☐ (*For limited conservatorship only*) Orders relating to the powers and duties of the ☐ successor limited conservator of the estate under Probate Code section 1830(b) as specified in Attachment 31 are granted.
32. ☐ (*For limited conservatorship only*) Orders limiting the civil and legal rights of the limited conservatee as specified in Attachment 32 are granted.
33. ☐ This order is effective on the ☐ date signed ☐ date minor attains majority (specify): _____
34. Number of boxes checked in items 17–33: _____
35. Number of pages attached: _____

Date: _____

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

☐ After recording return to:

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CONSERVATORSHIP OF (Name):

FOR RECORDER'S USE ONLY

CONSERVATEE

CASE NUMBER:

LETTERS OF CONSERVATORSHIP

☐ Person ☐ Estate ☐ Limited Conservatorship

FOR COURT USE ONLY

1. ☐ (Name): _____ is the appointed
☐ conservator ☐ limited conservator of the ☐ person ☐ estate
of (name): _____
2. ☐ (For conservatorship that was on December 31, 1980, a guardianship of an adult
or of the person of a married minor) (Name): _____
was appointed the guardian of the ☐ person ☐ estate by order
dated (specify): _____ and is now the conservator of
the ☐ person ☐ estate of (name): _____
3. ☐ Other powers have been granted or conditions imposed as follows:
 - a. ☐ Exclusive authority to give consent for and to require the conservatee to
receive medical treatment that the conservator in good faith based on
medical advice determines to be necessary even if the conservatee
objects, subject to the limitations stated in Probate Code section 2356.
(1) ☐ This treatment shall be performed by an accredited practitioner
of the religion whose tenets and practices call for reliance on
prayer alone for healing of which the conservatee was an adherent prior to the establishment of the
conservatorship.
(2) ☐ (If court order limits duration) This medical authority terminates on (date): _____
 - b. ☐ Authority to place conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
 - c. ☐ Authority to authorize the administration of medications appropriate for the care and treatment of dementia described
in Probate Code section 2356.5(c).
 - d. ☐ Powers to be exercised independently under Probate Code section 2590 as specified in Attachment 3d (specify
powers, restrictions, conditions, and limitations).
 - e. ☐ Conditions relating to the care and custody of the property under Probate Code section 2402 as specified in Attach-
ment 3e.
 - f. ☐ Conditions relating to the care, treatment, education, and welfare of the conservatee under Probate Code section
2358 as specified in Attachment 3f.
 - g. ☐ (For limited conservatorship only) Powers of the limited conservator of the person under Probate Code section
2351.5 as specified in Attachment 3g.
 - h. ☐ (For limited conservatorship only) Powers of the limited conservator of the estate under Probate Code section
1830(b) as specified in Attachment 3h.
 - i. ☐ Other (specify): _____

(SEAL)

4. ☐ The conservator is **not** authorized to take possession of money or any other property without a
specific court order.

5. Number of pages attached: _____

WITNESS, clerk of the court, with seal of the court affixed.

Date: _____

Clerk, by _____, Deputy

Page 1 of 2

This form may be recorded as notice of the establishment of a conservatorship of the estate as provided in Probate Code section 1875.

| | |
|---|-----------------------|
| CONSERVATORSHIP OF <i>(Name)</i> : _____ | CASE NUMBER: _____ |
| CONSERVATEE | |

LETTERS OF CONSERVATORSHIP

AFFIRMATION

I solemnly affirm that I will perform according to law the duties of ☐ conservator ☐ limited conservator.

Executed on *(date)*: _____, at *(place)*: _____



(SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document and any attachments is a correct copy of the original on file in my office, and that the letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

Date: _____ Clerk, by _____, Deputy

(SEAL)

INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS (California Rules of Court, rules 3.50–3.63)

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:
 - SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
 - CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
 - The Food Stamp Program
 - County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

| PROGRAM | VERIFICATION |
|---|--|
| SSI/SSP | Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or “Passport to Services” |
| CalWORKs/TANF (formerly known as AFDC) | Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or “Passport to Services” |
| Food Stamp Program | Notice of Action or Food Stamp ID Card or “Passport to Services” |
| General Relief/General Assistance | Notice of Action or Copy of Check Stub or County Voucher |

–OR–

2. Your total gross **monthly household income** is equal to or less than the following amounts:

| NUMBER IN FAMILY | FAMILY INCOME |
|---------------------|------------------|
| 1 | \$ 1,063.54 |
| 2 | 1,426.04 |
| 3 | 1,788.54 |
| 4 | 2,151.04 |
| 5 | 2,513.54 |

| NUMBER IN FAMILY | FAMILY INCOME |
|---------------------|------------------|
| 6 | \$ 2,876.04 |
| 7 | 3,238.54 |
| 8 | 3,601.54 |
| Each additional | 362.50 |

–OR–

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (form FW-001) available from the clerk’s office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under “Attorneys”).

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

| | |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): | FOR COURT USE ONLY |
| NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT: | |
| APPLICATION FOR WAIVER OF COURT FEES AND COSTS | |
| CASE NUMBER: | |

I request a court order so that I do not have to pay court fees and costs.

1. a. ☐ I am **not** able to pay any of the court fees and costs.
 b. ☐ I am able to pay **only** the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

3. a. My occupation, employer, and employees address are (specify):
 b. My spouse's occupation, employer, and employees address are (specify):

4. ☐ I am receiving financial assistance under one or more of the following programs:
 - a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
 - b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 - c. ☐ **Food Stamps:** The Food Stamp Program
 - d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**
5. If you checked box 4, you must check and complete **one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.**
 - a. ☐ (Optional) My Medi-Cal number is (specify):
 - b. ☐ (Optional) My social security number is (specify):

-

-

and my date of birth is (specify):

[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]
 - c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
[See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

[if you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. **[If you check this box, you must complete the back of this form.]**

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: _____ ▶ _____

| | |
|--|--------------|
| PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: | CASE NUMBER: |
|--|--------------|

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**

9. MY MONTHLY INCOME

a. My gross monthly pay is: \$ _____

b. **My payroll deductions are (specify purpose and amount):**

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

My TOTAL payroll deduction amount is: \$ _____

c. My monthly take-home pay is
 (a. minus b.): \$ _____

d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

The TOTAL amount of other money is: \$ _____
 (If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS

(c. plus d.): \$ _____

f. Number of persons living in my home: _____
 Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

| Name | Age | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____ | \$ _____ |
| (2) _____ | _____ | _____ | \$ _____ |
| (3) _____ | _____ | _____ | \$ _____ |
| (4) _____ | _____ | _____ | \$ _____ |
| (5) _____ | _____ | _____ | \$ _____ |

The TOTAL amount of other money is: \$ _____
 (If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

(a. plus d. plus f): \$ _____

10. I own or have an interest in the following property:

a. Cash \$ _____

b. Checking, savings, and credit union accounts (list banks):

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

| Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |

d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

| Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |

e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\$ _____

11. My monthly expenses not already listed in item 9b above are the following:

a. Rent or house payment & maintenance \$ _____
 b. Food and household supplies \$ _____
 c. Utilities and telephone \$ _____
 d. Clothing \$ _____
 e. Laundry and cleaning \$ _____
 f. Medical and dental payments \$ _____
 g. Insurance (life, health, accident, etc.) \$ _____
 h. School, child care \$ _____
 i. Child, spousal support (prior marriage) \$ _____
 j. Transportation and auto expenses (insurance, gas, repair) \$ _____
 k. Installment payments (specify **purpose and amount**):

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____

The TOTAL amount of monthly installment payments is: \$ _____

l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____

m. Other expenses (specify):

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____
 (5) _____ \$ _____

The TOTAL amount of other monthly expenses is: \$ _____

n. MY TOTAL MONTHLY EXPENSES ARE

(add a. through m.): \$ _____

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

| | |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): </div> <div style="width: 45%;"> FAX NO.: </div> </div> | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | CASE NUMBER: |
| PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT: | |
| ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS | |

1. The application was filed on (date): ☐ A previous order was issued on (date):
2. The application was filed by (name):
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
 - a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 3.61, is **waived**.
 - b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 3.61, EXCEPT the following:

| | |
|---|---|
| (1) <input type="checkbox"/> Filing papers. | (6) <input type="checkbox"/> Sheriff and marshal fees. |
| (2) <input type="checkbox"/> Certification and copying. | (7) <input type="checkbox"/> Reporter's fees* (valid for 60 days). |
| (3) <input type="checkbox"/> Issuing process and certification. | (8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1 (c)). |
| (4) <input type="checkbox"/> Transmittal of papers. | (9) <input type="checkbox"/> Other (specify code section): |
| (5) <input type="checkbox"/> Court-appointed interpreter. | |

Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
 - c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
 (1) ☐ Pay (specify): _____ percent. (2) ☐ Pay: \$ _____ per month or more until the balance is paid.
 - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:

| | | | | |
|-------|-------|--------|-------|-------|
| Date: | Time: | Dept.: | Div.: | Room: |
|-------|-------|--------|-------|-------|
 - e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
 - f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rules 3.50–3.63):
 - a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
 - b. ☐ Other (Complete line 4b on page 2).
 - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a **hearing** be held.
 - a. The substantial evidentiary conflict to be resolved by the hearing is (specify):
 - b. The applicant should appear in this court at the following hearing to help resolve the conflict:

| | | | | |
|-------|-------|--------|-------|-------|
| Date: | Time: | Dept.: | Div.: | Room: |
|-------|-------|--------|-------|-------|
 - c. The address of the court is (specify):
☐ Same as above
 - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: ☐ _____, Clerk, by ☐ _____, Deputy

JUDICIAL OFFICER

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rule of Court, rules 3.56.)

Page 1 of 2

| | |
|---------------------------------------|--------------|
| PLAINTIFF/PETITIONER (Name): _____ | CASE NUMBER: |
| DEFENDANT/RESPONDENT (Name): | |

4b ☐ Application is denied in whole or in part (*specify reasons*):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at
(place): _____, California,
on (date): _____

Clerk, by _____, Deputy

| | | | |
|--|--|--|--|
| | | | |
| | | | |

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy